DESK AUDIT/POSITION REVIEW REQUEST

Technician Information:

Last Name: _____ First Name: _____ Middle Name: _____

Military Rank: _____ Organization Name: _____ Organization Location: _____

Current Position Information:

Position Title: _____

Position Description Number: _____

Pay Plan, Occ Series, Grade: _____

Supervisory Position:

Yes ☐ No ☑

Proposed Position Information:

Position Title: _____

Position Description Number: _____

Pay Plan, Occ Series, Grade: _____

Supervisory Position:

Yes ☐ No ☑

Supervisor's Justification for Request:

Supervisor Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Signature: _____

CLASSIFICATION - Request Validation: Valid Invalid

Classification & Position Management Specialist

Classification & Position Management Specialist